## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10 593271

FILING DATE

APPLICANT(S)

## **CLAIMS**

| 1 2             | IND.         |             |  | AFTER 1"AMENDMENT |             | NDMENT        |
|-----------------|--------------|-------------|--|-------------------|-------------|---------------|
|                 |              | DEP.        | IND.                                   | DEP.              | IND.        | DEP.          |
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| TOTAL<br>DEP.   | •            | <b>←</b>    | 1]                                     | <b>←</b>          |             | <del>(</del>  |
| TOTAL<br>CLAIMS |              |             | 13                                     |                   |             |               |

|                 | AS FILED |                                       | AFTER<br>1*AMENDMENT |  | AFTER 2 ™ AMENDMENT |  |
|-----------------|----------|---------------------------------------|----------------------|--|---------------------|--|
|                 | IND.     | DEP.                                  | IND.                 | DEP.   | IND.                | DEP.   |
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| 84              |          |                                       |                      |  |                     |  |
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| TOTAL           |          |                                       |                      |  | <del></del>         |  |
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| TOTAL<br>DEP.   |          | <b>←</b> [                            |                      | <b>(-</b>  |                     | <b>(=</b>  |
| TOTAL<br>CLAIMS |          | S DEPART                              |                      |  |                     |  |

PTO - 1360 (REV. 11/04)

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